



# Nurse Corps News

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Submit your ideas, questions, or articles of interest for the Nurse Corps News!



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## Director's Corner: Welcome to RDML Tina Davidson



Navy Nurses, it is my privilege to introduce you to **RDML Tina A. Davidson** who was promoted on 14 October 2016. It was an honor to serve as her promoting officer and guest speaker. Three previous Navy Nurse Corps Directors, **RADM Kathy Martin**, **RADM Nancy Lescavage** and **RADM Christine Bruzek-Kohler**, attended along with many Active, Reserve, Retired and Civil Service Navy Nurses. It was a joyous occasion for Navy Medicine, the Navy Nurse Corps and the Davidson family. **RDML Davidson's** career accomplishments are significant and I would like to share an excerpt from my comments:

*Navy Medicine supports the Maritime Strategy by ensuring the Fleet and Marine Force is "Healthy, Ready and on the Job." Vice Admiral Faison frequently reminds us of the "trust placed in our hands in caring for America's sons and daughters" and of the need to be "worthy" of our uniform in terms of the "hope, caring, compassion, strength and dedication" it represents.*

*A "Healthy, Ready and on the Job" force requires many hearts and hands pulling together to achieve a whole which exceeds the sum of the individual parts.*

*To achieve that "great whole" we need leaders who demonstrate the hallmarks of great leadership as described by VADM Faison, "commitment to life-long learning, innovation, new ideas, and above all, service before self."*

*Tina Davidson absolutely fits that description and is poised to excel as a Rear Admiral, just as she has excelled at every rank held.*

*Tina's career progression is remarkable for its diversity and her achievements in each and every setting to which she has been assigned. Direct patient care, teaching, ship's nurse, detailing, the inaugural nurse at Fleet Forces command, OPNAV Staff, Executive Medicine, State-side, overseas, clinic, hospital and tent; she truly has "been there and done that" worldwide.*

*Tina is energetic, upbeat, collaborative and always ready with a smile. At each assignment she worked hard, committing fully to the mission, and overcame challenges through innovation and teamwork. As her bio shows, she is definitely a life-long learner, as well as a life-long mentor; I am not sure where she finds the time, but she has. The credentials she brings to the table as a nurse*



Rebecca McCormick-Boyle  
RADM, NC, USN

Director, Navy Nurse Corps

*and senior health care executive are exceptional.*

*She is a nurse, through and through; she is a leader and she understands Navy Medicine and those we serve, from students to Shipmates, from warriors to patients, from so many different angles and perspectives. . . I could not be happier than to see (her) promoted.*

Nurse Corps leaders, please join me in congratulating **RDML Tina Davidson** to her new rank and wish her success in her assignment as the first NC Officer to serve as Director, Medical Resources, Plans and Policy (N0931).~

Editor's note: RDML Davidson's biography follows on page 3.

## Reserve Corner: Hails and Farewells



**Tina Alvarado**  
RADM, NC, USN

### Deputy Director, Reserve Component

Fall is upon us and brings about the new fiscal year and many exciting changes in our leadership, as well as the launching of the FY 17 Strategic Plans. These changes and many others will result in positive strides forward for the Nurse Corps and the Navy.

Effective 1 October, I moved into my new position as Deputy Chief for Reserve Policy and Integration and this will be my final newsletter as the Deputy Director of the Nurse Corps. Hails and Farewells are always bittersweet but the tradition of the military requires such changes to be necessary so that the mantle of leadership can be passed along to those who follow.

It is with great pride and enthusiasm that I extend a warm welcome to **RDML Mary Riggs** who assumes the role of Deputy Director of the Nurse Corps for

Reserve Component. RDML Riggs and I began our careers together as Ensigns at Naval Hospital Bethesda many years ago. Throughout the years we have maintained a solid relationship as shipmates and I have relied on her for support in many instances. I know you will support RDML Riggs in the same way that you supported me. It was my honor to represent the Nurse Corps and I thank each of you for extending me the opportunity to lead. I also want to welcome our other newest Nurse Corps admiral, RDML Tina Davidson. It was a very symbolic tribute to teamwork that both of these nurse leaders were present at each other's promotion ceremonies and passed to each other their personal Flags.

Together we have had an exciting and productive year with unprecedented teamwork and extraordinary results from our FY 16 Strategic Goals. Bravo Zulu and thank you to the teams working on the initiatives that comprised our five strategic objectives: Clinical Excellence, Professional Excellence, Workforce, Strategic Partnership and Strategic Communication. The accomplishments achieved by these teams provided momentum for our FY 17 strategic work.

In September, I officially began passdown to RDML Riggs and we met with the leadership team off-site to launch the FY 17 Navy Nurse Corps State of the Corps Business meeting with AC and RC SNEs and Specialty Leaders. The two-day evolution

fostered collaborative partnerships, planning and identification of strategic goals that align with the Surgeon General's priorities of Readiness, Health and Partnership. This year, our Objectives and Initiatives will focus on Operational Readiness/Jointness to align with Readiness; Professional Development to align with Health; and Transformational Leadership to align with Partnership. You will be hearing much more about these exciting initiatives as the work unfolds.

Let me close by reiterating how proud I am of each and every one of you. Together we have achieved an unprecedented number of nurses obtaining critical leadership goals at the Det level all the way through Command and Post-Command. Positions of great significance can only be made possible through hard work, determination and talent. Most of all, I believe it is the Nurse Corps tradition of loyalty and support to each other that creates the collaborative relationships in which we all can grow and excel. I know you will keep that momentum going.

Finally, I extend my deep appreciation to our sisters and brothers in the active component Nurse Corps. Under the exceptional and highly motivating leadership of my friend and colleague, RADM Rebecca McCormick-Boyle, the Reserve Component has truly come to understand the meaning and value of One Navy.~

*Editor's note: The September/October article was a repeat of an earlier run statement; we apologize for the error. You didn't miss anything, and thank you to those who recognized it!*





## Rear Admiral Tina Davidson, NC, USN

Rear Admiral Tina Davidson is a native of Saint Louis, Missouri. Prior to commissioning in 1986, she earned a Bachelor of Arts in Biology from Benedictine College and a Bachelor of Science in Nursing from St. Louis University. Other degrees include Master of Science in Nursing from The Catholic University of America, Master of Arts in Health Services Management from Webster University, and a Doctor of Nursing Practice from Rush University. In addition, she is a Fellow in the American College of Healthcare Executives, Board Certified as a Nurse Executive, Advanced, a Certified Professional in Healthcare Quality and certified as a Master Training Specialist.

Previous assignments include Naval Hospital San Diego, California; US Naval Hospital Naples, Italy; Naval Hospital Corps School, Great Lakes, Illinois; US Naval Hospital, Okinawa,

Japan; Navy Personnel Command, Millington, Tennessee; Branch Health Clinic, Naval Air Station Oceana, Virginia; Naval Medical Center Portsmouth, Virginia.

At sea, Davidson served as the Ship's Nurse aboard the *USS John C. Stennis* (CVN 74). She deployed to Kuwait as the Director of Nursing Services Expeditionary Medical Facility Portsmouth.

Executive Assignments included Officer in Charge, Admiral Joel T. Boone, Branch Health Clinic Little Creek, Virginia; US Fleet Forces Command as the first Fleet Nurse; Executive Officer, Naval Health Clinic Annapolis; and Commanding Officer Naval Health Clinic New England, Newport, Rhode Island. Rear Admiral Davidson currently serves as Director, Medical Resources, Plans, and Policy (N0931), Office of the Chief of Naval Operations. She



**Tina Davidson**  
**RDML, NC, USN**

was promoted to the rank of Rear Admiral (Lower Half) in October 2016.

Personal awards include the Legion of Merit, Meritorious Service Medal (three gold stars), Navy and Marine Corps Commendation Medal (one silver star), and the Navy and Marine Corps Achievement Medal (one gold star).

### Need Money For Graduate School?

#### 2017 Graduate Degree Nursing Scholarship Opportunity!



Three Washington Metro Area Navy Nurse Corps Association (WMANNCA) Chapter Nursing Scholarships will be offered to three Navy Nurses to continue their studies for an advanced graduate degree in Nursing.

Active duty (non-DUINS), Reserve Component, retired and former Navy Nurses are eligible.

A \$1,000 scholarship will be awarded to each winner.

The applicant must live or work in the WMANNCA AOR (Maryland, Northern Virginia, West Virginia, Pennsylvania, New Jersey, Delaware or the District of Columbia).

Deadline for submission is April 1, 2017!

Download the guidelines and application materials here:

<http://nnca.org/join-nnca-2/local-chapters/wmannca>





## Rear Admiral Mary Riggs, NC, USN



**Mary Riggs**  
**RDML, NC, USN**

Rear Admiral Mary Riggs graduated magna cum laude from The Catholic University of America, Washington, D.C., with a Bachelor of Science in Nursing. She practiced in a variety of critical care settings including coronary care, intensive care, shock trauma and post-surgical open heart. She received master's degrees in both Physiology and Biophysics from Georgetown University, D.C.

Riggs was directly commissioned into the Navy Reserve. In 1990, she was recalled to active duty in support of Operation Desert Storm. She subsequently re-affiliated as a selected Reservist and served in a number of leadership roles supporting clinical units at National Naval Medical Center (NNMC) Bethesda. She served headquarter tours for Operation Health Support Unit (OHSU) Bethesda during Operation Iraqi Freedom supporting 13 detachments and instituted a number of global training and organizational programs to

enhance medical readiness. In 2005, she was selected to serve on the Woman's Board, bringing to light various gender related issues in the military setting. In 2007, she served with MedFlag 2007 in Gabon, Africa, and also served as the Specialty Leader for Nursing Research. In 2008, she was selected as the Executive Officer, OHSU Portsmouth, and managed over 600 Reserve component personnel over 16 detachments.

Riggs served as the Commanding Officer, OHSU Portsmouth, from 2010-2012. During her command, Operation Commanding Force was instituted with active component participation featuring Pre-Hospital Trauma Life Support training. In addition to overall operational skills training, evolutions in weapons training, shipboard and disaster/triage training were accomplished. Overall medical readiness was maintained at 90 percent, serving a Reserve population of approximately 10,500. Under her guidance, various unit members submitted eight research publications/posters. This unit also received the Meritorious Unit Commendation for its excellence in medical and military operations.

In October 2013, Riggs was recalled to active duty serving as the Deputy Director of Reserve Policy and Integration. She was instrumental in launching two additional Expeditionary Medical Facility Units. She achieved significant improvements in overall mission readiness in the areas of manpower, personnel, budgeting, planning, policy, mobilization, training, integration and operational support. Her efforts advanced more operationally-centric missions capable of successfully integrating with the active

component or joint forces in support of any contingency operation. She led the execution of a \$6 million budget, empowering 7,000 Navy Reserve Medicine personnel in support of the provision of high quality health care to 9.5 million beneficiaries. Riggs was hand-selected to be the principal lead for the Reserve Work-Stream Group in the development of the Electronic Health Record Program. She also served as the Pillar Lead for Navy Reserve Medicine. She was then selected as the Deputy Chief of Staff for Reserve Navy Medicine Education and Training Command, effective January 2016.

She is currently assigned as commander, Reserve Component Expeditionary Medicine and Deputy Director, Nurse Corps.

Riggs' personal awards include the Legion of Merit, Meritorious Service Medal (two awards), Naval Commendation Medal (three awards), Navy Achievement Medal (three awards) and various service medals and unit awards.

In her civilian career, she has maintained her clinical skills, continued her pursuit of medical research in the development of new pharmaceuticals and devices and lastly, as a successful entrepreneur, developed two clinical research organizations. She founded a clinical research organization (CRO) in 1998, specializing in providing rigorous scientific clinical trials in products for the treatment of cardiovascular disease. She directed a number of efficacious pivotal trials for treatments in acute heart failure, coronary angiogenesis, coronary stents and immunomodulation in chronic heart failure. She currently serves as Senior Vice President of Clinical Operations for a CRO.~



## Specialty Leader Update: Family Nurse Practitioner (1976)

Greetings! Earlier this year, the 2016 American Association of Nurse Practitioners (AANP) National Conference was held in San Antonio, Texas. What an exciting event as RADM McCormick-Boyle spoke during the Corps Chief Brief and held a highly successful break-out session for all Navy FNPs in attendance. **CAPT Dixie Aune** and **LT Lewis Monroe** proudly represented our Nurse Corps as Flag Bearers and **LCDR Melissa Troncoso** (Using Motivational Interviewing) and **LCDR Britney Saito** (Capturing Beneficiaries Through the Patient Experience) presented! The next AANP Conference will be held in Pennsylvania in June 2017. This is a wonderful opportunity for Navy NPs to submit abstracts to present or attend one of approximately 295 skill-enhancing learning sessions or workshops. The military track offers up to six lectures on military related topics provided by the Uniformed Services.

As you may have heard, we will be gaining an Assistant Specialty Leader for the FNP Community. This individual will be working closely with me as we

begin to prepare our 2017 AANP conference package. Consider attending and encourage the NPs you work with to attend this very rewarding conference.

The FNP community is looking forward to the DUINS results in the next few months! The packages submitted were wonderful. I encourage all nurses interested in beginning a career as an FNP to reach out to me to discuss the career path and a future DUINS package. Another opportunity to join our distinguished community is via the redesignation process. FY17 guidance should be released soon, but pending any major changes, the board typically meets twice a year. If you are a Navy Nurse with your FNP certification and desire to proudly place 1976 as your primary SSC, please consider redesignation. I am available to answer any questions and to assist you with the process.

In August, I delivered the FNP semi-annual brief on our Community to the Admiral and senior leadership. I was able to highlight the individual FNP achievements and discuss current opportunities. There was a great response to the



**CDR Kathaleen L. Smith**

challenges FNPs face regarding the overseas screening process. A special thank you to **LCDR Travis Peterson** in Iwakuni for sending me detailed input along with a recommendation for improvement.

Visit the Family Nurse Practitioner (1976) MilSuite page by following the link found [here](#). Thank you for what you do each and every day! As always, I am proud to serve as your Specialty Leader.~



*SAN ANTONIO, Texas (June 21, 2016)- Captain Dixie Aune and Lieutenant Lewis Monroe proudly represented the Nurse Corps as Flag Bearers at the 2016 American Association of Nurse Practitioners National Conference. (Photo by Commander Kathaleen Smith, Released)*





## Specialty Leader Update: Nursing Research (1900D)



**CDR Lisa Braun (Active Duty)**

Hello to the Nurse Community from your Research Specialty Leaders. The research efforts of our community are strongly supported through the TriService Nursing Research Program (TSNRP). Our Nurse Researchers had a robust showing at the Military Health System Research Symposium, Kissimmee, Florida, and the annual TSNRP Research and Evidence Based Practice Course, San Antonio, Texas, which were held in August.

We would like to highlight the work of one of research community members, **CDR Virginia Blackman**. CDR Blackman was recently awarded the First Place RADM Mary Hall Award for her publication "[Prevalence and Predictors of Prehospital Pain Assessment and Analgesic Use in Military Trauma Patients, 2010–2013](#)," which was published in *Prehospital Emergency Care*. She is presently working at Wal-



**CDR Deirdre Smith (Reserves)**

ter Reed National Military Medical Center in the Center for Nursing Science & Clinical Inquiry and is currently involved in six funded, multi-service collaborations examining EnRoute care, workplace horizontal violence, and military healthcare issues. She is an active mentor in evidence-based practice activities, which includes teaching, consultation and coaching graduate student projects. She serves as the Vice-Chair of the Institutional Review Board and the Assistant Determinations official, providing guidance to investigators across all disciplines to identify projects that meet the Federal definition for research and to ensure that appropriate regulations are followed. CDR Blackman consistently provides exceptional service as a leader and subject matter expert and will be joining the Graduate School of Nursing faculty at the

Uniformed Services University of the Health Sciences.

Congratulations to **CDR Abigail Yablonsky** for her recently funded TSNRP study "Circadian and Sleep Health Interventions in Nurses and Hospital Corpsmen."

Well done to everyone for these remarkable achievements and advancement of the Navy goals of readiness, jointness and value through research. Additional information on TSNRP grants and training is available at <http://www.usuhs.edu/tsnrp>.

The 1900D Nurse Researcher MilSuite page will soon be hosting a research blog, which will be available [here](#). It currently features researcher bios, community news and links to resources. If you have information that you would like to post and share with the community, please send it to our attention.

Hails to our newly graduated researchers: **CDR Jennifer Buechel** and **CDR Wendy Cook** joined the research team at Naval Medical Center, San Diego and **CDR William Danchanko** joined the team at Walter Reed. A warm welcome to **CDR Carl Goforth** who joined **CAPT Jacqueline Rychnovsky** and the staff at the Naval Medical Research Center.

Thanks to all of our colleagues for the tremendous work you do to advance the science for our practice. We are honored to serve as your Specialty Leaders. ~



## Specialty Leader Update: Maternal Infant Neonatal Critical Care (1920/1964)

In the spirit of the Navy and Navy Medicine's push in becoming a High Reliability organization, Navy Medicine West (NMW) recently embarked on the first region-wide patient safety collaborative initiative, the "Patient Safety Bundle: Obstetric Hemorrhage." The project results from a cross-functional working group using evidence-based medicine and standard practice guidelines to develop a bundle of clinical practices that will be standardized across the region.

Since postpartum hemorrhage (PPH) cannot always be predicted, every labor & delivery and postpartum unit should be prepared to respond, as teamwork is essential to optimize patient outcomes at every delivery. The NMW Obstetric Hemorrhage Bundle includes elements such as having a hemorrhage cart stocked with specific items, a progressive postpartum oxytocin protocol and provides resources to assist MTFs with conducting meaningful training utilizing robust simulation. While each MTF has unique resources and environments of care, all can benefit from unit education, unit-based drills and post-drill debriefs. All of the items found within the bundle are designed to optimize the care team response to PPH and to enhance teamwork by engaging in effective communication and a shared mental model.

Each of the seven MTFs within NMW continue to participate in weekly telephone conferences as the bundle is being rolled out. These multidisciplinary working groups were assembled to assess current practices, review the literature and develop an evidence-based

bundle, with each facility taking the lead on various portions of the project. NME is currently in the planning stages of rolling out the same or similar hemorrhage bundle and expect to see similar positive results.

The project is the first of many initiatives to address gaps in providing optimal care identified through the quality review process. Future projects similar to the PPH bundle are likely to result from the ongoing Perinatal Inpatient Environmental Safety Change Plan (PIES). We urge you to continue to actively participate in these working groups to ensure we provide the safest possible care for our patients.

Another important change that is occurring is the movement and opening of more 1920 and 1964 billets at different Commands. With the opening of a birthing center at Iwakuni, a number of 1920 billets and one 1964 billet have been added/moved there. Additional moves include a 2<sup>nd</sup> 1920 billet and a 1964 billet to NH Guantanamo Bay, additional 1920 billets to NH 29 Palms and a 1964 billet to NH Sigonella. There will be continued billet movement among the 1964 community to commands with L&D units in order to have neonatal expertise, which will improve neonatal patient safety throughout Navy Medicine.

A big Bravo Zulu shout out to all of our newly selected 1920 and 1964 LCDR and CDR selects. I would love to list them all again but would need another full page to do so. Congrats to all! The future of our communities is indeed bright with all of the strong clinical leaders for the foreseeable future.



**CDR Jason Layton**

This is my last newsletter as your specialty leader so I would like to take this opportunity to thank you all for allowing me the opportunity to serve as your specialty leader these past three years. It has truly been an honor to work with such a dedicated group of military, GS and contract nurses and Corpsmen in caring for and advocating for our military families! A special thank you to **LCDR Patti Butler**, our Assistant Specialty Leader, for all of her wisdom, collaboration and friendship since becoming one of the first Nurse Corps Assistant Specialty Leaders, and for keeping me in line with all of the L&D issues. Finally, I want to thank **CAPT Roy** and **CAPT Beadle** (ret.) as current and past Deputy Director and CAPT Aune and CAPT Atterbury as current and past NC Policy and Practice. Without the assistance and guidance of these individuals, as well as the Admiral, our SNEs and other members of the BUMED NC Office, Specialty Leaders would not be able to accomplish any positive change for their communities.~



## Specialty Leader Update: Ambulatory Care (690)



**CDR David V. Thomas**

Good day, Nursing Leaders. Wow! It has been an exciting past few months. Ambulatory Nursing is growing rapidly due, in large part, to the caliber of nurses assigned to Medical Home Ports and to the supreme commitment of our Senior Nurse Executives to the professional development of Ambulatory Care Nurses. Kudos to our newest certified nurses: **LCDR Erin Ocker-Reza** (NH Yokosuka), **LCDR Ladonya Graham** (NH Guam), **LT Chad Smith** (GTMO), **LT Courtney Bailey** (NH Yokosuka), **LT Kirsten Strzok** (WRNMMC), **LT Erik Lawrence** (Fort Belvoir Community Hospital) and **LTJG MaryRose Meany** (WRNMMC). The growth represents the shift in modern health care towards outpatient maintenance, implementation of culturally-appropriate prevention and readiness services, population health initiatives and self-care management.

During the *State of the Corps Business Meeting* last fall, Am-

bulatory Care Nursing (ACN) was a topic on the hearts of many. At the end of the conference, senior nursing leaders convened a team with the awesome charge of standardizing nursing practice within the patient-centered medical home (PCMH). Our team was tasked with creating a “cradle to grave” PCMH-specific package encompassing three main initiatives: 1) Orientation to PCMH, 2) Skills-acquisition and 3) sustaining quality through peer review, nurse initiated orders, nursing sensitive indicators and ongoing professional development training. Specifically, we:

- Developed a Nurse Residency-Medical Home clinical rotation; currently in pilot at NH Okinawa and NMCP

- Designed eight “desktop” trainings that we hope to make available on SWANK (topics include: *Population Health, How-to-Huddle, Schedule Scrubbing, EOD Processing, How To Run My Provider, and Check-In Procedures for Adult and Pediatric Patients*)

- Submitted a MHP-specific competency

- Drafted a position paper on nursing triage and submitted a recommendation paper for an off-the-shelf product that contains telephone triage protocols, decision support training and recommendations for peer review

- Created a preventive care training package that assists RNs with population health management; this training is available on

SWANK now for CEUs

- Recommended six nursing initiated orders with corresponding Tri-Service Workflow (TSWF) templates; currently in pilot at NMCS

Additionally, I submitted requested edits to the 6<sup>th</sup> edition of the American Academy of Ambulatory Care Nursing (AAACN) Scope & Standards of Practice manual, which should be approved and published by January 2017.

This year, we had 45 nurses from 21 different commands attend the 41st Annual AAACN Conference in Palm Springs, CA (18-21 May). This was a record turnout and for the fourth consecutive year, I am proud to say, Navy Nursing had the strongest showing compared to the other services. The Navy co-chair for the Military Special Interest Group, **LCDR Amy Holzer** (NHC Pearl Harbor), moderated two breakout sessions for 80 federal, Reserve and active duty ambulatory care nurses. **LT Keith West** (NMC San Diego) delivered a podium presentation on *Nurse Protocol Visits*; and **LT Akeeka Davis** (WRNMMC) presented a poster on the “Effectiveness of Screening Programs in Reducing Incidence and Mortality from Colo-rectal Cancer.”

I am honored to lead this specialty and value your continued patronage. If there is anything I can do for you, please do not hesitate to contact me; my contact details are available on MilSuite.





## DUINS: What Makes a Package Competitive?



**CDR Daniel Meyerhuber**

About this time every year, I'm asked what makes a competitive Duty Under Instruction (DUINS) package. This is a summary of my recommendations. As you may know, DUINS is a program that allows commissioned officers the opportunity to attend Graduate school programs (Military and Civilian) while on full-time active duty. The Navy pays for tuition and the officer incurs a service obligation, but the time served while in student status counts towards retirement.

After reading BUMED 1520.27, discuss your plans with your chain of command and detailer. This is typically at least a year out from the application deadline; packages are due 1 October, so right now is the time to start. At this point, your leadership will ensure that you understand all of the academic as well as administrative eligibility requirements in order to apply. Applying for DUINS requires com-

mand endorsement that you are fully medically ready, worldwide assignable, have no pending legal investigations, and meet all other administrative requirements.

Are there other prerequisites that you must first meet prior to applying for admission? For example, if you are thinking of CRNA or FNP, be sure to visit the school's admissions website. Uniformed Services University (USUHS) is the only option for these specialties and has specific admission requirements that must be met. Is the GRE required? (It is not required for all programs). How are your undergraduate grades? Competitive academics are a major determining factor in selecting a candidate. You should have at least a 3.0 GPA, but the higher the better, as this demonstrates your intellectual capacity for successfully completing the program. Are you working with a mentor in your desired field? Spending time with them in a specific field will accomplish two things; first, it will ensure that you understand what you are getting into and second, may serve as a potential letter of recommendation source. What type of duty assignments, leadership opportunities, and do you possess? Some schools such as CRNA require at least one year of experience in critical care, which is not waiverable. Finally, how are your FITREPS? Are they competitive? For Lieutenants and higher, are you breaking out against your peers into the

Must Promote and Early Promote categories? If you will be In-Zone for LCDR while in DUINS, then you will want to ensure you previously competitively broke out as you will only receive not observed (NOB) FITREPS while in DUINS. FITREPS paint the overall picture of your abilities against your peer group. Make sure they are all in your record and your online record is up to date.

The final piece is your summary statement, letters of recommendation, and your Specialty Leader (SL) ranking letter. Why are you applying to this specialty? This is your chance to articulate why you are applying. If you have a personal reason for applying, then this will be your lone chance to make the board aware. Have a friend or mentor proof-read it – and make sure you run "spell check." Do your letters paint the picture of an assertive and capable officer? Do they speak to your ability to complete the requested program and your potential for further leadership opportunity? One of the SL roles is to rank all officers applying for that specialty to the selection board, so make sure the SL knows who you are and what you bring to the Navy Medicine team.

I want you to succeed and am ready to assist, but I can't help you if you don't reach out. Additionally, there is no adverse effect on your career if you apply and are not picked up. My contact details are available via MilSuite.~



## USU Nurse Anesthesia Program Provides Unique Readiness Training

The Daniel K. Inouye Graduate School of Nursing (GSN) at the Uniformed Services University (USU) in Bethesda, MD, provides our nation with the highest quality Advanced Practice Nurse clinicians, scientists and scholars who are dedicated to federal health service and health readiness. As a part of the curriculum, the GSN offers readiness opportunities not found in any civilian or other military graduate program.

This year, several students and faculty from the USU Nurse Anesthesia Program attended the Military Mountain Medicine Course (M3C) at the Joint Base Lewis-McCord, WA, and the Army Mountain Warfare School in Jericho, VT. These two-week programs, conducted by the Army Austere and Wilderness Medicine Fellowship Program,

provided exceptional training aimed at healthcare delivery in austere environments to include various deployment platforms and battlefield care.

Lectures included the physiology, pathophysiology, diagnosis, and treatment of conditions commonly seen in austere environments. These included changes associated with altitude, heat and cold injuries, submersion and immersion situations,



**CDR Justice Parrott**



lightening injuries and the implications of the presence of preexisting comorbidities. All content was delivered via didactic lectures and participatory simulation events based on current evidence. Coordination of appropriate care for medical evacuation was presented and discussed, while Search and Rescue Operations for various austere environment situations helped students gain understanding of the interconnected systems that permit successful victim treatment and recovery.

Perhaps the most important component of the course was daily interprofessional collaboration. The class was composed of both international and tri-service Active Duty and Reserve Component military medical personnel, including nurses, physicians, physician assistants, Special Operations medics and Corpsmen. This professional diversity provided a backdrop that broadened discussions and training

*(continued on Page 11)*



*Top: JERICO, Vermont (August 29, 2016)- Faculty and students from the Uniformed Services University Daniel K. Inouye Graduate School of Nursing attend the Mountain Military Medicine Course. (Photo by Commander Justice Parrott, Released)*

*Bottom: MOUNT MANSFIELD, Vermont (August 31, 2016)- Commander Justice Parrott conducting helicopter operations. (Photo by Commander Justice Parrott, Released)*





## USU Nurse Anesthesia Program Provides Unique Readiness Training (*cont.*)

evolutions while encouraging an environment that supported strong working relationships and small-team cohesiveness. This milieu not only offered useful information to prepare the advanced practice nurse to function in the operational setting but also a deeper understanding of the abilities and functions within

other armed services medical communities, which is a cornerstone for future deployment.

The Advanced Practice Specialty Programs and the Brigade provide excellent academic and operational readiness respectively. By enhancing the curriculum with real-world readiness training, like the Military Mountain

Medicine Course (M3C), the USU Daniel K. Innoye Graduate School of Nursing provides unparalleled social and emotional readiness that narrows the difference that exists between a student feeling that they are ready to function in the austere environment and actually being ready to do so.~

## Opioid Abuse Disorder Resources for Nursing

### LT Adam Taylor

The White House has made addressing the current epidemic of opioid abuse in the United States a priority. In uniting with the White House's multi-tiered approach, the American Psychiatric Nurses Association (APNA) has developed an education program for and available to the entire Nursing Community. This program will help to educate nurses about the scope of the problem and how we can institute effective interventions at our individual level of practice.

I was fortunate enough to be invited to the pilot offering of the program earlier this year. Nurses involved in every level of

psychiatric mental health care from generalists to administrators developed and delivered three offerings aimed at providing focused learning at the practice level of the individual nurse.

The objectives of these programs are to provide key morbidity and mortality statistics relevant to opioid use/ misuse, prepare nurses to assist patients with selecting and proceeding with best treatment options and provide a basis for community involvement of each nurse to facilitate increased access. For PMH-APRN's, there is an added objective to help identify best pharmacologic and psychotherapeutic treatment options based on patient needs.

The webinars titled "Effective Treatments for Opioid Use Disorder: Educating and Empowering Nurses during an Epidemic," are publicly accessible on the APNA's website and include continuing nursing education contact hours at no cost. Please follow the link below or visit [www.apna.org](http://www.apna.org), select the "Continuing Education" tab then select "Opioid Use Disorder-Free CE." This enduring epidemic will continue to destroy individuals, families and communities unless we come together with all available resources to combat it. As stated by the APNA, "Almost four million nurses can make a difference!"~

APNA Free Continuing Nursing Education

## EFFECTIVE TREATMENTS FOR OPIOID USE DISORDERS

EDUCATING & EMPOWERING **NURSES** DURING AN EPIDEMIC

Retrieved from <http://www.apna.org>





## San Antonio O.R. Nurse Association Embraces Navy Nursing

Two Navy nurses from Navy Medicine Training Support Center (NMTSC) and the Medical Education and Training Campus (METC) in San Antonio, Texas, were guest speakers at a gathering of the local chapter of Association of Operating Room Nurses (AORN) Sept. 12.

**LCDR Kirby Jahnke** is assigned to METC and is the Navy service lead for the METC Surgical Technologist Program, and **LCDR Annissa Cromer** is assigned to NMTSC and is the assistant Navy service lead for the METC Surgical Technologist Program. Both are Navy periop-

erative nurses. They addressed the gathering of approximately 35 local operating room (O.R.) nurses and nursing students, explaining the role of Navy perioperative nurses aboard ships, and at hospitals and clinics in the U.S. and abroad.

“One area in which we are experiencing a critical shortage is the perioperative nursing specialty,” LT Kamalan Selvarajah, a Medical Service Corps (MSC) officer and medical recruiter for Navy Recruiting District-San Antonio said. “It is considered one of the ‘Big 5’ medical recruiting priorities by Commander, Navy Recruiting Command (CNRC).”

The night began with a surprise for one AORN nurse when Selvarajah announced that Crystal Reeves, a perioperative nurse with 20 years of experience, would soon become LTJG Reeves, U.S. Navy Reserves. Cromer and Jahnke followed with their presentations.

Cromer deployed on the USS Battan (LHD 5), including Operation Unified Response, the disaster response for Haiti after the massive earthquake and aftershocks of 2009. She explained to



**LCDR Robert Pillitiere**

**NMTSC  
Public Affairs Officer**

the nurses the difference between a humanitarian deployment on a hospital ship, an actual disaster response deployment and an operational deployment.

“I told them that you might be an O.R. nurse, but you are not going to be stuck in an O.R. or a hospital or a clinic overseas,” Cromer said. “I explained how my Navy tours have been very different – that it’s not just about being in the O.R. suite or working bedside.” Cromer said several nurses and students approached her after the presentations, praising the presentation and information, and wanting to know more about Navy Medicine.

AORN President Ruben Barrios was one who was inspired by Cromer and Jahnke’s presentations. “I had no idea what Navy O.R. nurses do,” said Barrios. “I was stunned to learn about all the different jobs and the various ports of call they’ve been to. I wish I was 30 years younger. I’d sign up myself.”~



*Top: SAN ANTONIO, Texas (September 12, 2016)- LCDR Kirby Jahnke and LT Kamalan Selvarajah congratulate Crystal Reeves on her selection as a Navy Nurse. Bottom: LCDR Annissa Cromer discusses Navy opportunities with local perioperative nurses.*

*(Photos by Larry Coffey, Released)*



## Military Health Service Awards



### CAPT Carolyn R. McGee

The annual Military Health Service (MHS) Military and Federal Civilian Nursing Excellence Awards were established to acknowledge and honor Registered Nurses who have demonstrated exemplary leadership and skill, resulting in noteworthy clinical or administrative accomplishments, thereby contributing to the improved image and practice of nursing in the MHS.

The following military and civilian nurses were nominated this year for this prestigious award:

#### Senior Military Category

- CAPT Andrea Petrovanie, Naval Medical Center San Diego
- CDR Charles Sauls, Expeditionary Combat Readiness Center, Norfolk, VA
- CDR Charlene Ohliger, Naval Hospital Okinawa
- CDR Joseph Desamero, Walter Reed National Military Medical Center
- CDR Tracy Isaac, Naval Hospital Jacksonville
- Captain Judith Bellas, National Capital Region Medical Directorate

#### Junior Military Category

- LCDR Shane Lawson, USS FORD (CVN 78)
- LT Sandra Wright, Naval Health Clinic Quantico
- LCDR Jacqueline Lopez, Naval Hospital Okinawa
- LT Danilo Mendoza, Naval Hospital Okinawa
- LCDR Martin Boese, NATO Role 3 Multinational Medical Unit
- LT Brittany Mann, Walter Reed National Military Medical Center
- LCDR Heather Kirk, Naval Hospital Camp Lejeune
- LT Alainna Crotty, Naval Hospital Okinawa

#### Senior Civilian Category

- Ms. Kathleen Davitt, Naval Hospital Jacksonville
- Ms. Lois Wilmer, Naval Hospital Jacksonville
- Mr. Raymond Tierney, FHCC Lovell
- Mr. Scott Staup, Naval Hospital Camp Lejeune
- Ms. Cornelia Eichhorn, Naval Health Clinic Charleston
- Ms. Naomi Ramshur, Naval Medical Center Portsmouth

#### Junior Civilian Category

- Ms. Judith Graff, Naval Health Clinic Annapolis
- Ms. Tammy Wickes, Naval Health Clinic Quantico
- Ms. Kimberly Polk, Naval Medical Center Portsmouth
- Ms. France Hertel, Naval Health Clinic Annapolis
- Ms. Adele Merkel, Naval Medical Center Portsmouth

The MHS Award Winners for 2016 are:

#### Senior Officer:

##### ***CAPT Andrea Petrovanie***

Captain Petrovanie has a distinguished career as Clinical Nurse Specialist and Ambulatory Care nurse. She championed the initiative to establish an Ambulatory Care Specialty Leader for the Navy Nurse Corps. She is the recipient of the Excellence in Leadership Award from the American Academy of Ambulatory Care Nursing and the Leadership and Mentorship Award from Catholic University of America. As Director of Branch Health Clinics in Okinawa, Japan, she led six branch clinics in receiving the Surgeon General's Blue H Award for Health Promotion and Wellness and implemented the first Marine Centered Medical Home Port.

#### Senior Civilian:

##### ***Ms. Kathleen Davitt***

Ms. Kathleen Davitt has had a stellar career as a Nurse Educator. She was named one of Florida's Great 100 Nurses in the Educator Category and is a prior Civilian of the Year award winner at Naval Hospital Jacksonville. She worked to establish agreements with local civilian hospitals to allow nurses to cross-train in the Intensive Care Unit, Labor & Delivery, and Emergency Room. In addition, she coordinated a partnership with Jacksonville University to

*(continued on Page 14)*



## Military Health Service Awards (*cont.*)

offer college credit for Midshipmen Summer Cruises.

### Navy Junior Officer:

#### ***LCDR Shane Lawson***

Lieutenant Commander Shane Lawson is a Certified Registered Nurse Anesthetist. He has served with distinction in various operational assignments in direct support of the warfighter, including deployments aboard USS BATAAN (LHD 5), with the 2<sup>nd</sup> Marine Force Bravo Surgical Company in Kuwait and

Iraq, and at Forward Operating Base, Qalat, Afghanistan. His warfare designations include Surface Warfare Medical Department Officer, Fleet Marine Force Qualification, and Enlisted Surface Warfare Specialist.

### Navy Junior Civilian:

#### ***Ms. Judith Graff***

Ms. Judith Graff specializes in Case Management. She is currently the Head of the Case Management Department in the Healthcare Business Directorate

at the Naval Health Clinic in Annapolis. She ensures standardization of case management services provided to the patient population of two New Jersey and two Maryland clinics. She developed a case management tracking log to identify shortfalls and implemented corrective actions. She also created the Case Management section for the Tri-Service Workflow Documentation Form which will be used MHS-wide.~

## Bravo Zulu!



### Recognition

**LCDR Tiffany Uranga** and **CDR Justice Parrott** earned the German Armed Forces Proficiency badge (Gold and Silver respectively). The German Armed Forces Proficiency Badge is one of the few approved foreign awards that can be worn on U.S. military uniforms. Traditionally, it is also one of the most sought after awards and can be earned by service members of any rank. The competition included a 100-meter swim, 11x10 meter sprint, chin-up, 1,000-meter run, ruck march with a 33-pound load and marksmanship test using the M9 pistol.



### The **FY17 Catalog of Leadership Courses** is on MilSuite!

This catalog contains information about available courses and dates, how to register, funding & eligibility requirements, etc.

Always keep OPSEC in mind. Your editors, specialty leaders, and highlighted individuals in our newsletter can be found in global outlook or at MilSuite.mil. If you need help, the team at the NC newsletter is here for you. Use the envelope hyperlink to send us an email, question, comment, or suggestion. Thank you for your continued support and keep the information flowing. Semper Forte.





## Bravo Zulu!



### Certification

- **LT Melissa Barry** passed her national certification for inpatient obstetric nursing (RNC-OB).
- Congratulations to **LT Jerry Brown** (MHP) who passed the ANCC (American Nursing Credentialing Center) Nursing Certification in Ambulatory Care. Not an easy exam, this validated his knowledge, dedication and expertise for this area of specialty. Your leadership at USNH Naples is proud of you!
- **LT Shannon Evans**, USNH Yokosuka, passed her exam through Academy of Lactation Policy and Practices and is now a Certified Lactation Counselor.
- **CDR Jose Flores**, NMC San Diego, earned his board certification in Public Health (CPH).
- **LT Ashley Gooden**, of the PICU at Walter Reed NMC, passed her Pediatric CCRN exam.
- **LT Rick Madlangbayan**, while serving as the Internal Medicine Division Officer at NH Bremerton, received the Ambulatory Care Nursing Certification in July.
- **LCDR Jenny Paul**, of NHCNE Newport, RI, became certified in Ambulatory Care Nursing.
- **LCDR Colleen Perlak-Soto**, NBHC Groton, became board certified (AANP) as a Family Nurse Practitioner (NON-DUINS).
- Shout out to **LCDR Geoffrey Plant** for passing his certification as an Acute Care Nurse Practitioner! He is currently the Department Head for the Occupational Health Clinic at NHC Cherry Point.
- **LCDR Autumn Riddell**, Emergency Department Clinical Nurse Specialist at NMC Portsmouth, passed the ACCNS-AG board exam in October.
- **CDR Wilma Roberts** is now a Certified Joint Commission Professional (CJCP) as of October.
- Congratulations to **LT Chris Stein** for recently achieving his CCRN (Certified, Critical Care Nurse) and **LT Kaitlyn Stein** for earning her RNC (Certification, Inpatient Obstetrics), both of NH Naples. These exams are rigorous and epitomize their expertise and dedication to clinical excellence.

### Education


- **LT Kit Barger** completed her MSN through Norwich University while assigned to 3rd Medical Battalion, Okinawa, Japan.
- **LT Cornelius Brothers** obtained his Master of Science in Nursing with an Emphasis in Nursing Education in September from Grand Canyon University. **LT Tsion Williams** obtained her Master of Science in Nursing with an Emphasis in Public Health in October, also from Grand Canyon University. Both completed their non-DUINS graduate degrees while stationed at Naval Medicine Training Support Center, Fort Sam Houston, TX. "Go Lopes!"

**Earn a certification or non-DUINS degree?  
Selected for an award or honor?  
For mention in our BZ section, submit your  
announcements to your NC newsletter team  
using the envelope hyperlink found on each  
page in the lower right hand corner.**

### Recognition

NME's Regional SAMFE, **LT Ada Dee**, was recognized by the International Association of Forensic Nurses for Forensic Nursing Excellence.

**Forensic Nursing - Excellence**



**LT Ada Dee**  
Military Organization, Virginia

**Work Setting:** LT Ada Dee is the Sexual Assault Medical Forensic Examiner Trainer for Navy Medicine's Eastern Region.

LT Ada Dee works tirelessly to provide educational opportunities and forensic training for military and civilian healthcare providers in Navy Medicine's Eastern Region. Her dedication and tenacious efforts ensure that the US Navy has a readiness team to provide care for victims of sexual assault.



